

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90003 050 \*\*\*\*55.00

**DOCUMENT # L04000079068**

1. Entity Name  
101 E. COLLEGE AVENUE, L.L.C.



Principal Place of Business  
101 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301

Mailing Address  
101 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301

20061201



06302005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**36-4563320**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BAGGETT, FRED W  
101 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM ☐ Delete  
NAME BAGGETT, FRED W  
STREET ADDRESS 101 E. COLLEGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGRM ☐ Delete  
NAME LAFACE, RONALD C  
STREET ADDRESS 101 E. COLLEGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGRM ☐ Delete  
NAME RICHARD, BARRY S  
STREET ADDRESS 101 E. COLLEGE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Reed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-1-05 2-226897

Date

Daytime Phone #